

## STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED OCT 18 1948

Registration District No. ....

318

Primary Registration District No. ....

1009

Registrar's No. ....

8730

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Deaconess Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

## 3. (a) PRINT

FULL NAME.....

**Sophie Hubeli**

3. (b) If veteran,

name war.....

3. (c) Social Security No. ....

4. Sex..... **Female**.....  
 5. Color or race..... **White**.....  
 6. (a) Single, widowed, married, divorced..... **Single**.....  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **September 16 1874**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 0 20**..... hr. .... min.

9. Birthplace..... **St. Louis Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Nurse**

11. Industry or business..... **Deaconess Hospital**

12. Name..... **Conrad Hubeli**

13. Birthplace..... **Switzerland**  
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Sophie Kufer**

15. Birthplace..... **Switzerland**  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Sister Olivia Druach**

(b) Address..... **6150 Oakland Ave**

17. (a) **Burial**..... (b) Date thereof **Oct 9 1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz**

(b) Address..... **4828 Nat Bridge Blvd**

19. (a) **OCT 7 1948**..... (b) **J. B. Laster**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri**..... (b) County.....  
 (c) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **6150 Oakland Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... **No**..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October**..... day..... **6**  
 year..... **1948**..... hour..... **8**..... minute..... **35**..... A. M.

21. I hereby certify that I attended the deceased from..... **July 6**.....  
 19..... to..... **32 October 6**..... 19.....  
 that I last saw her..... **or**..... alive on..... **October 5**..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Pulmonary Embolism**  
 Duration..... **20 min**

Due to.....  
 Due to.....

Other conditions..... **Carcinoma of cecum**  
 (Include pregnancy within 3 months of death)

Major findings:..... **Adenocarcinoma of cecum**  
 Of operations.....  
**with hepatic metastases**  
 Of autopsy..... **Embolic occlusion of**  
**Pulmonary artery bilaterally**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?..... (City or town) (Country) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

While at work?..... (a) Means of injury.....  
 23. Signature..... **Charles E. Laster**..... (M. D. or other).....

Address..... **634 N. Grand Blvd.**..... Date signed..... **10-7-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

Memo of Embalming

2 P.M.

6-37

1020

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*John A. Melnar*

Licensed Embalmer No. *4186*

P. O. Address. *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.